

EQUALIZED VALUE DETERMINATION REQUEST

COUNTY <i>(please type)</i>
MUNICIPALITY
TAX INCREMENT DISTRICT NO.

CREATION RESOLUTION ADOPTION DATE

(_____, 20 ____)

EFFECTIVE CREATION DATE: JANUARY 1, 20 ____

OFFICE USE ONLY	
AA	MUNICIPAL CODE

RETURN TO:

Wisconsin Dept. of Revenue
Tax Incremental Finance
PO Box 8971, MS 6-97
Madison, WI 53708-8971

Please see instructions on reverse side.

PART I. TAXING JURISDICTIONS AFFECTED		
	Name of Taxing Jurisdiction	Jurisdiction Number
Municipality		
School District(s)		
Technical College		
County		
Union High School		
Lake Management District		
Sanitary District		
Other		

PART II. DECLARATION			
<i>I declare that this application and attachments have been examined by me and, to the best of my knowledge and belief, are true, correct, and complete. I hereby request the Department of Revenue to determine the equalized value of this tax incremental district.</i>			
Clerk's signature	Telephone number	E-mail address	Date
	()		

PART III. INDIVIDUAL TO CONTACT FOR ADDITIONAL INFORMATION	
Name and Title	E-mail address
Address	Telephone number
	()

(OVER)

[illegible]

**ALL FORMS AND ATTACHMENTS MUST BE COMPLETE AND CORRECT
TO THE SATISFACTION OF THE DEPARTMENT OF REVENUE**

INSTRUCTIONS

Identify the county, municipality, and TID number in the upper left-hand corner. Fill in the date the creation resolution was adopted by the village board or city council, and the effective creation date of the TID. EXAMPLE: If the resolution was adopted between October 1, 2003 and September 30, 2004 the effective date is January 1, 2004. If it was adopted between October 1, 2004 and September 30, 2005 the effective date is January 1, 2005.

PART I – Identify all taxing jurisdictions authorized to levy taxes on property within the tax incremental district. Include the name of the jurisdiction and its identifying number if known.

PART II – The clerk should sign in the area provided. (This is the official request for the department of revenue to certify a base value for the district.) Also include the date signed, your telephone number, and e-mail address if available.

PART III – Complete this area if an individual other than the clerk should be contacted for additional information.

PART IV – Identify all other tax incremental districts in the municipality, including those that still exist and those that have been terminated or dissolved. Enter the TID number, creation date, and date of dissolution (if applicable). If more space is needed, attach another sheet.